

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36017

State File No. ....

FILED NOV 25 1950

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. ....		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 310	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SAHAWAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Greencastle</u>		<u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u>		b. (Middle) <u>Parsons</u>		c. (Last) <u>Parsons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>1879 APRIL 15,</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDRIAM PARSONS</u>		13b. MOTHER'S MAIDEN NAME <u>ELEANOR SUTTON</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Parsons Greencastle Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis</u> ANTECEDENT CAUSES: Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pseudobulbar Paralysis</u> DUE TO (c) <u>Chronic Paralysis Agitans</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u> <u>10 days</u> <u>10 years</u> <u>350X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 2</u> , 19 <u>50</u> , to <u>Nov 12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 1</u> , 19 <u>50</u> , and that death occurred at <u>1:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Vincent J. Atravio</u>		(Degree or title) <u>D.O. 2</u>		23b. ADDRESS <u>RIRKSVILLE</u>		DATE SIGNED <u>Nov 12, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN CASTLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GREEN CASTLE, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-12-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kent &amp; Son, Green City, Mo.</u>			

Date Received: NOV 22 1960  
DISTRICT HEALTH OFFICE #2  
District File Number 11-56-1970  
Date Filed: NOV 25 1960

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.